



200107130074
 Skagit County Auditor
 7/13/2001 Page 1 of 2 10:50:22AM

Return Address:

CURTIS E. JOHNSON
 15510 Snee-Oosh Rd.
 La Conner, WA 98257

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) Thomas F. Shane (2) Fay A Shane Add'l. on pg _____

Grantee(s) (Claimants): (1) CURTIS E. JOHNSON Add'l. on pg _____

Legal Description (abbreviated): see # 4 below Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P26330

CURTIS E. JOHNSON
 Claimant
 vs.
Thomas F and Fay A Shane
 Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: CURTIS E. JOHNSON
 TELEPHONE NUMBER: (360) 466-3462 ADDRESS: 15510 Snee Oosh Road
La Conner, WA 98257

2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Crop year 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Thomas F and Fay A Shane

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Beg. at a point 330' S and 250' E of NW corner of lot 3 TH E AT RIGHT ANGLES to the West lot line 125' th S part to W lot line 270' th S part to North lot line 660' th S part to W lot line to meander line of river. IN 34-04-19

5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): THOMAS F and FAY A SHANE
 TELEPHONE NUMBER: (360) 424-4066 ADDRESS: 18130 McLean Rd
Mount Vernon, WA 98273

6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED, CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE, OR MATERIAL, OR EQUIPMENT WAS FURNISHED: December 31, 2000

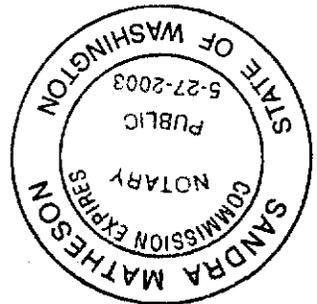




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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name: SANDRA MATHESON
Notary Public in and for the State of Washington
My appointment expires: 5-27-2003

Signed and sworn to before me on this 9th day of July, 2001.

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with a reasonable cause, and is not clearly excessive under penalty of perjury.

County of Skagit }
STATE OF WASHINGTON }
SS.

Claimant: Curtis E. Johnson
Print or Type Name: Curtis E. Johnson
Address: 15510 Sate - Cash Rd
La Conner WA 98257
Telephone Number: (360)466-3462

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 27,319.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE: yes